

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

AMENDED

Operator: License # 5003
Name: McCoy Petroleum Corporation
Address: 8080 E. Central, Suite #300,
City/State/Zip: Wichita, KS 67212-3240
Purchaser: None
Operator Contact Person: Scott Hampel
Phone: 316-636-2737 x 104
Contractor: Name: Val Energy, Inc.
License: 5822
Wellsite Geologist: Paul Gunzelman

API No.: 15-081-21544-0008 **07**
County: Haskell County, Kansas

S2 SE SW Sec 29 Twp 30s S. Rng 31 East West
330 feet from N S (check one) Line of Section
1980 feet from E W (check one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(check one) NE SE NW SW

Lease Name: SCHMIDT "A" Well #: #3-29

Field Name: Lette

Producing Formation: Atoke, Cherokee, LKC

Elevation: Ground: 2842' Kelly Bushing: 2853'

Total Depth: 5769' Plug Back Total Depth: 5744'

Amount of Surface Pipe Set and Cemented at 1824' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

- Designate Type of Completion:
- New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Same

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

_____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD

_____ Plug Back _____ Plug Back Total Depth

Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Enhr.?) _____ Docket No. _____

11/12/07 _____ 11/16/07

Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

Drilling Fluid Management Plan whm 3/11/08
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume NA bbls

Dewatering method used NA

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Scott Hampel
Scott Hampel

Title: Vice President - Production Date: 2/5/08

Subscribed and sworn to before me this 5th day of February

2008 BRENT B. REINHARDT
Notary Public - State of Kansas
My Appt. Expires 12/7/11
Notary Public: Brent B Reinhardt

Date Commission Expires: 12/7/2011

KCC Office Use ONLY

_____ Letter of Confidentiality Attached

_____ If Denied, Yes Date - _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

Operator Name: McCoy Petroleum Corporation Lease Name: SCHMIDT "A" Well #: #3-29

Sec 29 Twp 30s S. R. 31 East West County: Haskell County, Kansas

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
(Attach additional Sheets)

Log Formation (Top), Depth and Datum Sample

Samples Sent to Geological Survey Yes No

Name Top Datum

Cores Taken Yes No

Electric Log Run Yes No

(Submit Copy)

List All E. Logs Run: Previous Submitted

Previous Submitted

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	23#	1824'	Common	610	3%CC, 1/4#/sx Cellflake
Production	7 7/8"	4 1/2"	10.5#	5188'	AA-2 Blend	300	10% Salt, 5% Calset

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4674-4677 Swope	Perf: 4674-4677/4SPF. AC: 500 gals, 15% NEFE. POP 11/16/07	4677'

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>5245'</u>	Packer At <u>None</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------	--------------------	---------------------	-----------------------	--

Date of First, Resumed Production, SWD or Enhr. <u>Resume Production 11/16/07</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
--	---

Estimated Production Per 24 Hours	Oil (Bbls) <u>45</u>	Gas (Mcf) <u>100</u>	Water (Bbls) <u>30</u>	Gas-Oil Ratio	Gravity
-----------------------------------	----------------------	----------------------	------------------------	---------------	---------

Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval <u>4674-4677 = Swope</u> <u>5161-5205 = Cherokee</u> <u>5246-5268 = Atoka</u>
--	--	--